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THE IMPLEMENTATION OF THE HUMAN RIGHTS OF WOMEN

TRADITIONAL PRACTICES AFFECTING THE HEALTH OF WOMEN AND THE GIRL CHILD

Fourth report on the situation regarding the elimination of traditional practices affecting the health of women and the girl child, produced by Mrs. Halima Embarek Warzazi pursuant to Sub-Commission resolution 1999/13

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Introduction

1. In its resolution 1998/16, the Sub-Commission on Prevention of Discrimination and Protection of Minorities recommended that the mandate of the Special Rapporteur on traditional practices affecting the health of women and the girl child should be extended to ensure the completion of her task, as called for in resolution 1996/19, and at the same time to enable her to follow up recent developments at all levels, including the General Assembly. In its resolution 1999/13, the Sub-Commission decided to continue consideration of the question. This fourth report is thus submitted pursuant to the resolutions referred to above.

2. It may be recalled that in each of her previous reports (1996-1999), the Special Rapporteur deplored the small number of replies received from Governments, particularly those concerned by traditional practices affecting the health of women and the girl child, to the Secretary-General's note concerning the Plan of Action.

3. In 1996, she had noted that only 25 countries had replied. In 1997 Governments were even less forthcoming, with replies from only seven countries. In 1998, the Special Rapporteur received just four replies, confirming the statement in the conclusion to her report to the Sub-Commission at its forty-ninth session (E/CN.4/Sub.2/1997/10 and Add.1), that "the silence of many States concerned justifies unflinching mobilization both nationally and internationally".

4. In 1999, having received no reply at all, the Special Rapporteur decided to devote her third report to a brief survey of the subject and a non-exhaustive presentation of the action taken, nationally and internationally, to combat traditional practices affecting the health of women and the girl child, before summing up the current situation.

5. Despite the disappointment voiced in previous reports, the Special Reporter noted that mobilization within the societies affected by the phenomenon of harmful traditional practices was a force for positive, albeit slow and uneven change.

6. This year, the Special Rapporteur has received information from the following countries: Bolivia, France, Gambia, Germany, Mauritius, Mexico, Morocco, Nepal and Qatar. The Special Rapporteur would like to thank those countries - however few they may be - for the interest they have shown in the matter. Nevertheless, she continues to deplore this lack of information, which, she hopes, should not be interpreted as a lack of commitment to the elimination of harmful traditional practices. At the same time, on a less pessimistic note, the Special Rapporteur is pleased to report that Member States appear to be contributing more regularly and more systematically to the Secretary-General's report to the General Assembly (A/54/341), since this year no less than 22 States replied to the Secretary-General's request for information.

7. Originally, the Special Rapporteur had intended to devote the greater part of her report to practices other than female genital mutilation especially crimes of honour, which she felt required urgent, concerted action by the international community. In view of the very limited amount of information submitted directly on this question, however, she has decided to devote this report to a review of the latest information on national and international measures taken against female genital mutilation before considering some of the information available concerning other traditional practices.

I. FEMALE GENITAL MUTILATION: NATIONAL, REGIONAL AND INTERNATIONAL INITIATIVES

A. National initiatives

1. Information supplied by Governments

8. It is interesting to note that most of the Governments' replies refer only to female genital mutilation. Countries such as France and Germany have taken measures against female genital mutilation practised on their territory exclusively among immigrant communities. While recognizing that the figures it has regarding mutilations practised in the country are not reliable, Germany suggests 20,000 as a vague estimate of the number of cases.

9. Both those countries have launched information campaigns directed at the communities concerned in the hope of preventing the practices. In France, the Ministry of Employment and Solidarity subsidizes two associations, the Group for the Abolition of Sexual Mutilation (GAMS) and the Commission for the Abolition of Sexual Mutilation (CAMS). Both these associations are engaged in the task of prevention and supplying information to the communities concerned, as well as to health care staff and social workers.

10. In Germany, a brochure entitled "The Genital Mutilation of Women and Girls" was designed and distributed within the country, especially in guidance centres for foreign women and girls. The brochure is also used in schools. In addition, the Federal Ministry for Economic Cooperation and Development supports initiatives taken by the countries affected by the phenomenon and funds projects directed against the practices.

11. In both France and Germany, female genital mutilation is treated as an offence punishable under the relevant provisions of their penal codes. The perpetrators of such practices are therefore liable to criminal prosecution. German law does not recognize any alleviating circumstance, such as religious motives or the consent of the person concerned. Furthermore, liability extends not only to the person responsible for the mutilation but also to "instigators and accomplices". Clinicians and practitioners are also liable under the same criminal procedure. France considers that cases brought to court in recent years have created a greater awareness of the subject among doctors and social workers, while providing a channel for young girls to lodge complaints against those responsible for the practices.

12. The Special Rapporteur would like to draw attention to the statement she made jointly with the Commission on Human Rights Special Rapporteur on violence against women in connection with the trial of a French woman of Malian origin sentenced for performing excisions. The two rapporteurs considered that "such practices should not be condemned in the courts except as a last resort when education, information and the proposal of alternative rites that do not injure women and girls have not been successful. Training, information and education, especially in countries with high levels of immigration and appropriate physical and financial means, are the best means of combating harmful traditional practices effectively and freeing women and girls from obscurantism and violence".

13. While Mexico refers to its contribution to the Secretary-General's report to the fifty-fourth session of the General Assembly and to the fact that female genital mutilation is not practised in Mexico, Qatar refers to the information sent to the Special Rapporteur in 1998, contained in document E/CN.4/Sub.2/1998/11 (paras. 60-67). Qatar further reports that the practice of female genital mutilation has totally disappeared from the country.

14. In its reply to the Special Rapporteur, Gambia recognizes that some ethnic groups still practise female genital mutilation. However, more and more non-governmental organizations are active in the field informing and educating the communities concerned. Religious leaders are also joining in the debate to counter such practices. Meanwhile Morocco has informed the Special Rapporteur that the practice of female genital mutilation does not exist in the country.

2. Other sources of information

15. Among the data supplied by the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children, the open condemnation of female genital mutilation practised by "excisionists" in Guinea, Burkina Faso, Nigeria, Mali and Senegal and those countries' public support for the eradication of those practices are to be welcomed.

16. In Nigeria, a law forbidding female genital mutilation in the State of Edo was passed by the State Assembly on 4 November 1999. In Uganda, the President of the Republic, Mr. Yoweri Museveni, launched an appeal to the population of the District of Kapchorwa, in Eastern Uganda, asking them to abandon the practice of female genital mutilation. On the occasion of "Culture Day", the President spoke to the elders and to religious and community leaders, asking them to use dialogue in order to eradicate the practice. In countries such as Tanzania, the national committee against traditional practices organized training and information seminars with some excisionists in order to make them aware of the risks and consequences of the operations.

17. The Special Rapporteur is pleased to report that legislative measures have been taken in countries such as Burkina Faso, Côte d'Ivoire, Djibouti, Egypt, Ghana, Guinea, Senegal, Tanzania and Togo. She would be very interested in this respect to be sent information concerning the impact of this legislation and the elimination of the practice.

18. The Special Rapporteur's attention has been drawn to the fact that among the aforementioned countries, some such as Burkina Faso have set out a programme of action over a specified period of time, while others have decided on priority lines of action to combat the practices. The key features of all these initiatives, which the countries have in common, remain training, information, education and awareness-building among the communities concerned, as well as among persons working with the communities.

19. It is interesting to note that the organizations working in the countries concerned by the phenomena are becoming increasingly aware of the importance and the usefulness of concerted action and the exchange of information and experience. They are now taking steps to set up communication and information networks. Such networks have the merit of lending weight and consistency to measures taken to combat traditional practices within the communities concerned and by those communities.

20. In addition and as a complement to national or transnational initiatives, regional activities are essential for an integrated approach to combating female genital mutilation.

B. Regional initiatives

21. While Africa has been one of the regions most affected by traditional practices in general, and female genital mutilation in particular, in recent years the continent has been remarkably active in combating the phenomenon. The Special Rapporteur would like to point out in this respect, without wishing to minimize the problem, that it is extremely difficult for a region affected amongst other ills by war, hunger, drought and economic recession to take action against practices which, for thousands of individuals, appear altogether familiar and natural. Despite these difficulties, the African continent has undertaken this lengthy endeavour strewn with pitfalls.

22. Lawyers and experts from 15 African countries took part in the second symposium for legislators organized by the Inter-African Committee in Addis Ababa from 23 to 25 November 1999. This symposium, which was a follow-up to a first meeting held from 10 to 12 September 1997, was opened by Mrs. Chantal Compaoré, first lady of Burkina Faso and goodwill ambassador of the Inter-African Committee.

23. At the second symposium, participants considered in depth the preliminary draft convention on the elimination of harmful traditional practices affecting the human rights of women and girls, together with the comments made by the Organization of African Unity (OAU) on the preliminary draft, which had already been revised at a preparatory meeting held in Addis Ababa from 18 to 22 November 1999. The Special Rapporteur was consulted by the Chairperson of the Inter-African Committee.

24. The preliminary draft convention does not deal only with female genital mutilation. It covers all practices affecting the human rights of women and girls, especially their physical integrity, their health and their psychological development. It is worth noting, however, that the idea of the convention originated in consideration of the issue of female genital mutilation and ways of combating the practice. The draft convention also provides for a follow-up mechanism, which would allow non-governmental organizations to contribute to the assessment of the situation and the progress achieved by countries, who would undertake to submit periodic reports to that body.

25. The preliminary draft convention, as revised, will be submitted for adoption to the forthcoming OAU ministerial conference, which has decided to consider it within the framework of the draft African charter on women's rights currently in preparation. The aim would be to incorporate the preliminary draft convention as one of the chapters of the future charter.

26. The Special Rapporteur is monitoring the situation carefully and considers that the adoption of a binding legal instrument would encourage countries to review their national legislation and would facilitate enforcement.

27. At the Sixth African Regional Conference on Women, which was held in Addis Ababa from 22 to 26 November 1999 to consider the implementation of the Beijing Declaration and

Platform for Action, one of the major preoccupations was the question of improving the living conditions of women and girls, so that one of the subjects discussed was traditional practices harmful to the health of women and girls, with special emphasis on female genital mutilation. A review of the "critical areas of concern" of the Beijing Platform for Action showed that much still remained to be done, despite some noteworthy improvements in the areas of health, education and certain basic rights. It emerged clearly from the debates that women remained the foremost and most vulnerable victims of poverty, illiteracy, discriminatory laws, violence in the home, at work and in the streets and escalating ethnic conflicts.

28. The special session of the General Assembly (in June 2000) to evaluate the implementation of the Peking platform since its adoption provided an opportunity to review progress and obstacles in various areas, especially traditional practices.

29. In her report to the fifty-first session of the Sub-Commission (E/CN.4/Sub.2/1999/14), the Special Rapporteur had "called on all countries with large inflows of immigrants to develop and put into effect programmes to combat harmful traditional practices in accordance with their national laws and international standards, but always with due respect for the cultural values of the migrant population groups and without denigrating their cultures or treating the societies concerned with disdain or an air of superiority" (para. 79).

30. In the spirit of that appeal, a few initiatives are beginning to appear among European countries. The Special Rapporteur's attention was drawn in particular to initiatives taken in the United Kingdom and Belgium.

31. In 1998, the International Centre for Reproductive Health in Ghent (Belgium) carried out a study on female genital mutilation in Europe. The study was jointly funded by the European Commission (DAPHNE), the Royal Tropical Institute of Amsterdam and Defence for Children International (Netherlands). The study provided the European Commission with information concerning the medical and sociocultural aspects of female genital mutilation. It also reviewed existing European legislation on the subject.

32. In November 1998, 50 experts from Europe and Africa met in Ghent to develop strategies to eradicate the practice. The meeting's recommendations were subsequently submitted to the European Commission. It also provided an opportunity for organizations and individuals engaged in combating female genital mutilation to make contact with each other. The non-governmental organizations and field organizations emphasized the importance of setting up a network of organizations that shared the same concern.

33. After the study and the meeting of experts, the Ghent Centre was mandated to prepare a project to last initially for one year, from December 1999 to December 2000, with the possibility of a subsequent extension. The first phase of the project consists in drawing up an inventory of current programmes directly or indirectly related to the practice of female genital mutilation in Europe. Following up the meeting of experts and the new contacts between organizations, the second phase of the project is intended to set up a network on a European scale to combat the practice of female genital mutilation by African communities in Europe. This network would provide an opportunity to exchange information and examples of successful measures taken against female genital mutilation in communities, to harmonize handbooks and other forms of

training health-care professionals in the subject; and finally to coordinate research efforts in Europe. The general objective appears to be to combat and eradicate female genital mutilation in Europe through a common, concerted approach covering all aspects of the phenomenon on a European scale.

34. As part of the project, for which five workshops are planned for academics, health-care professionals and field organizations, the first workshop was held in Göteborg (Sweden) from 26 to 28 April 2000. This first workshop, entitled "Exchanging experiences and information at community level", was the occasion for an exchange of information on experiences and model programmes already implemented with success to combat the practice. The Special Rapporteur will receive a copy of the workshop's report as soon as it is published.

35. In the United Kingdom, the "UK All-Party Parliamentary Group on Population, Development and Reproductive Health" organized a parliamentary hearing of witnesses on the subject of female genital mutilation on 23 and 24 May 2000. The hearing provided an opportunity to emphasize the importance of issues such as awareness-creation, training and information, and the effectiveness of legislation concerning female genital mutilation in the United Kingdom and abroad. The "witnesses" represented Belgium, France, Senegal, Sierra Leone, Sudan and the United States, as well as the United Nations Population Fund (UNFPA) and the Wallace Global Fund. The Ghent International Centre and the Inter-African Committee also took part.

36. In her address, the chairwoman of the parliamentary group reported that some 130 million women and girls had undergone genital mutilation and that 2 million girl children were estimated to be at risk each year. While the bulk of those numbers concerned Africa, Asia and the Middle East, Europe was also affected by the practice. Female genital mutilation constituted a violation of human rights and it was vital that the practice be stopped. While legislation was necessary, its effective enforcement remained essential.

37. The Special Rapporteur welcomes these signs of interest. It is indeed valuable to tackle the phenomenon on a European scale in order to achieve more effective and better coordinated action. While the Special Rapporteur systematically encourages all projects, measures and initiatives aimed at informing, training and educating, she considers that due emphasis should be placed on the importance of the cultural and social heritage of the groups in which these practices occur. Policies should therefore give consideration to this cultural aspect and emphasize the fact that cultural practices can be changed without detracting from the cultural values of societies as such.

C. International initiatives

1. Measures taken within the United Nations system

(a) General Assembly

38. The Special Rapporteur would like to recall that the special session of the General Assembly for the review and appraisal of the implementation of the Programme of Action of the International Conference on Population and Development (30 June-2 July 1999)

identified key actions for more effective implementation of the Programme of Action. Governments were recommended in particular to "promote and protect the human rights of the girl child and young women, which include economic and social rights as well as freedom from coercion, discrimination and violence, including harmful practices and sexual exploitation" (A/S-21/5/Add.1, para. 42).

39. It also recommended that Governments train health-care providers to assist persons who had been subjected to genital mutilation, and to promote men's understanding of their roles and responsibilities with regard to promoting the elimination of harmful practices, such as female genital mutilation.

40. During the fifty-fourth session of the General Assembly, in the course of an interview with the main joint author of the resolution on traditional practices, the Special Rapporteur recalled the importance of not restricting consideration to female genital mutilation only. There are many traditional practices that affect the health of women and young girls and although sexual mutilation is one of the best known manifestations, it is far from being the worst.

(b) Treaty mechanisms

41. At its twentieth session in 1999, the Committee on the Elimination of Discrimination against Women adopted general recommendation 24 on article 12 of the "Women and health" Convention. General recommendation 24 emphasized that some cultural or traditional practices such as female genital mutilation carried a high risk of disability and even death for the women and girls subjected to them. States should therefore ensure the enactment and effective enforcement of laws that prohibited female genital mutilation and the marriage of girl children.

42. It was satisfying to note that, for the last few years, the Committee on the Elimination of Discrimination against Women, the Committee on the Rights of the Child and the Human Rights Committee had regularly considered the issue of harmful traditional and customary practices in their review of States parties' reports.

43. At its twenty-first session, the Committee on the Rights of the Child expressed its concern at the persistent practice of female genital mutilation in Benin, Chad, Guinea and Yemen.

44. At its sixty-fifth session, in its concluding comments on the initial report of Lesotho, the Human Rights Committee expressed concern about the practice of female genital mutilation which continued to exist in parts of the country. At the same session, the Committee welcomed the recent changes in Tanzanian law which criminalized female genital mutilation.

45. The recommendations of these treaty bodies with regard to the elimination of harmful traditional and customary practices include the implementation of punitive measures, coordination with civil society, awareness-raising and information campaigns, and education programmes.

2. Measures taken by other United Nations bodies

46. As part of its activities devoted to combating violence against women, the United Nations Development Fund for Women (UNIFEM) considered the question of traditional practices affecting the health and well-being of women and girls. UNIFEM's action has included providing financial assistance to projects aimed at eliminating violence against women through a trust fund, and setting up a working group "End violence", in which non-governmental organizations exchange information and examples of positive measures to end violence against women, which can lead to national and transnational changes.

47. During 1998, as part of its strategy for combating traditional practices, the World Health Organization published a global study entitled "Female genital mutilation: an overview" to assist Governments working to eliminate the practice. WHO also continued to support its regional plan of action to speed up the elimination of female genital mutilation in Africa, specifying objectives to be attained by each country.

48. UNICEF has identified female genital mutilation as one of its programme priorities for 1998-2000 in countries where the practice is prevalent. Its efforts have continued to focus on synthesis and analysis of experience acquired in the field and the production of materials for education and behavioural change. Indicators have been developed, together with methods of evaluating regional and national initiatives. UNICEF plans to review global experience in this regard in collaboration with WHO and UNFPA.

D. Other information

49. Before closing this section dealing with female genital mutilation, which gives a brief review of some of the most recent initiatives in this area, the Special Rapporteur would like to mention two interesting features: firstly, the keenness of young people to combat harmful traditional practices, and secondly, the mail she has received concerning male circumcision.

50. The Special Rapporteur has welcomed the many petitions sent in by schoolchildren and students from various countries condemning female genital mutilation. This awareness and mobilization on the part of young people is an encouraging sign that the practice may eventually be eradicated. Since all the petitions were sent in by European or North American institutions, however, she would like to appeal to the teaching staff concerned to ensure their students are given clear, objective information in order to avoid religious overtones or the demonization of certain cultures.

51. The Special Rapporteur also wishes to report that a "Youth Forum", organized by the Inter-African Committee, was held in Addis Ababa from 25 to 27 April 2000. More than 60 young people from 16 African countries were joined there by representatives of United Nations organizations such as WHO, UNFPA and UNICEF and other special guests. Young people, who account for 40 per cent of the population of Africa, have an important role to play in the eradication of harmful traditional practices.

52. These extremely motivated young people discussed various harmful traditional practices such as female genital mutilation, early marriages and nutritional taboos and they undertook to do everything they could to eradicate them. They decided to set up a youth network in Africa, which would be responsible amongst others for implementing the plan of action adopted by the young people during the forum. This plan of action outlines strategies for eradicating harmful practices through information, education, dialogue, and creating awareness in communities, especially among religious leaders and notables. The young people said they were convinced that their joint efforts and their cross-border links would greatly help to change people's attitudes.

53. The Special Rapporteur welcomes this initiative, which, she hopes, will be followed by other young people, either by joining the existing network or by creating other similar networks. She also hopes the networks will extend beyond the African continent.

54. For the sake of transparency, the Special Rapporteur would like to mention the fact that she has received a few letters condemning male circumcision. In order to close once and for all an acrimonious debate, which has led to personal attacks against herself, she would like to recall that her mandate by the Sub-Commission on the Promotion and Protection of Human Rights concerns traditional practices affecting the health of women and the girl child. The same mandate applies with regard to the General Assembly or other United Nations bodies. By restricting herself to female circumcision, the Special Rapporteur is therefore only keeping to her terms of reference. Furthermore, she considers that the harmful effects of male circumcision cannot in any way be compared or equated with the violence, danger and risk faced by girl children and women.

55. To close this aside, the Special Rapporteur might draw attention to a study published at the beginning of the year by the University of Washington (Seattle), which concludes that the great majority of boys suffer no complications as a result of circumcision. What is more, the Sunday Times (United Kingdom) of 26 March 2000 published a scientific study carried out by specialists of Melbourne University in Australia, according to which male circumcision may be related to a lower risk of HIV transmission from women to men.

II. OTHER TRADITIONAL PRACTICES

56. As mentioned earlier in this report, the Special Rapporteur originally intended to devote a large part of the report to traditional practices other than female genital mutilation. For instance, she was particularly horrified by reports in the media concerning crimes of honour. Moreover, while the practice of female genital mutilation is arousing opposition in the public awareness, and in particular among the communities concerned, other practices, which are just as harmful and widespread, are still maintained and sometimes even reappear in different guises, becoming more insidious.

57. The section below gives information submitted by States concerning practices other than sexual mutilation as well as all further information received by the Rapporteur on the subject.

A. Information supplied by Governments

58. In its communication, Qatar mentions that, while progress has been made in combating practices such as cure by fire, traditional healing and early marriages, there is no doubt that some of these practices still exist. Nevertheless, Qatar recalls that traditional healing and charlatanism are prohibited by law. Qatar is convinced that with more information and education attitudes will evolve and traditional practices will disappear.

59. Nepal reports that progress has been achieved in recent years thanks to new legislation and changes to end practices such as early marriage and neglect of girls and expectant women.

60. Despite the introduction of appropriate legislation and procedures, Morocco, Mauritius and Bolivia all three admit that certain practices still persist in some situations. Morocco recognizes that some practices, such as self-medication, the use of traditional medicines and traditional healing are still practised in rural areas. The Government had drafted a national plan of action to make women part of the development drive. The four priority areas singled out by the plan include reproductive health, essentially in rural areas, and a plan to inform the population, and particularly men in that regard.

61. Female genital mutilation and female infanticide are not a problem in Mauritius. On the other hand, early marriages and childbearing, as well as the risk of anaemia among girls, still exist. Apart from taking the required legislative measures, the Government has concentrated on information and education concerning reproductive health, information about food and prevention of HIV transmission.

62. Bolivia notes that despite some progress in social and cultural matters, some traditional practices affecting women and girls still persist, especially in the Andean communities. Such practices vary from one community to another, but they all in some way or other concern reproductive health, especially early childbearing and related risks. Since there is an obvious, well established link between educational standards and early childbearing, the public authorities have been concentrating their efforts on more widespread and systematic education. These efforts are backed by legislative measures, especially in the area of public health, for the protection and promotion of the rights of women and girls to their physical integrity and to ensure easier access to better health services.

B. Measures taken within the United Nations system

63. The special session of the General Assembly for the review and appraisal of the implementation of the Cairo Programme of Action of the International Conference on Population and Development recommended, inter alia, that Governments review all legislation with a view to amending and revoking that which discriminates against girl children and young women and take firm measures to eliminate harmful and discriminatory attitudes, including son preference, prenatal sex selection and all forms of violence against women and small girls, such as rape, incest, sexual exploitation and trafficking (A/S-21/5/Add.1, para. 48).

64. The question of female infanticide was mentioned in resolution 2000/85 adopted by the Commission on Human Rights at its fifty-sixth session.

65. At its twentieth session, in 1999, the Committee on the Elimination of Discrimination against Women expressed concern at the growing disparity in the male/female sex ratio at birth in China and its relationship to the country's discriminatory tradition of son preference. At its twenty-first session, in its concluding comments on the initial report by Nepal, the Committee expressed concern that certain practices, such as child marriage, polygamy, deuki (a tradition of dedicating girls to a god or goddess and making them "temple prostitutes"), badi (the ethnic practice of forcing young girls to become prostitutes) and other discriminatory practices that derive from the caste system, were still prevalent in the country. The practice of deuki, it may be noted, has been forbidden by the Children's Act in Nepal.

66. The Committee requested the Democratic Republic of the Congo to issue legislation forbidding traditional practices such as dowry, levirate, polygamy and forced marriage.

67. The representative of India was recommended to support the prohibition of practices such as dowry, devadasi (temple prostitution) and discrimination based on castes. The Committee supported recommendations by the National Commission of Women in India concerning the law on rape and domestic violence, which was due for reform. The Committee also asks the Government to establish a compulsory universal system of registration of marriages and births as a means of protecting women and girls.

68. The Committee on the Rights of the Child expressed its concern at its twenty-first session concerning early and forced marriages in Benin.

C. Other information

69. According to an article published in the daily Chark el Aoussat on 21 February 2000, the crime of honour, which is an ancient practice that prevails in some parts of the Middle East, gives a man the right to kill any woman in his family suspected of behaviour prejudicial to the family's honour. This practice was also common in the past in countries of the Mediterranean Basin, particularly in very traditional, remote areas of Greece and Italy. In those very poor areas, the practice was based chiefly on one criterion: birth control.

70. In the Middle East and in Egypt, crimes of honour go against the principles of Islam, since the normal penalty for dishonour affecting a woman is marriage. Moreover, drastic conditions are required to determine a guilty relationship between a man and a woman. This must be proved by evidence given by four persons who witnessed the sexual act. Yet according to the practice as understood in the above-mentioned countries, the crime of honour is decided on the basis of mere suspicion and rumour.

71. The history of the last century appears to indicate that when the British occupied certain Arab countries, they came up against this popular practice. Instead of combating it, however, they preferred to add it to the Penal Code they were introducing, thus confirming the legality of discriminatory behaviour directed against women only, whereas the men responsible for such acts are invariably let off the punishment they deserve.

72. It is worth pointing out that crimes of honour may well hide motivations which have nothing to do with the dishonour inflicted on the family of the woman who has been killed: the cause of the crime may lie simply in jealousy or a question of inheritance.

73. In Jordan, where crimes of honour lead to over 20 deaths a year, a campaign against the practice, followed up in February 2000 by a major demonstration led by the Jordanian princes, has urged Parliament to abolish article 340 of the Penal Code, which by its lenient attitude encourages crimes of honour. The abolition proposal put forward by the Jordanian Government was unfortunately rejected by the Parliament, whose retrograde members justify their opposition by arguing that abolishing the practice would lead to debauchery and loose morals.

74. Crimes of honour are also commonplace in Pakistan, where human rights groups have condemned such practices. A demonstration was held in August 1999 after the murder of a young woman, Samia Imran, who was killed in the office of the lawyer to whom she had turned for help. She was murdered because she had refused a marriage arranged by her family. Although the Senate was to have adopted a resolution condemning such acts, some Senators withdrew their support and refused to consider the resolution (source: Financial Times, 5 August 1999).

75. Although it is extremely difficult to obtain statistics concerning the prevalence of "crimes of honour", since they are only rarely prosecuted, the Pakistani Human Rights Commission estimates that in Punjab, in 1998 and 1999, more than 850 women were murdered by their husband, brother, father or other relative. These women were all suspected of immoral behaviour (sources: The Guardian Weekly, 25 May 2000, Chark el Aoussat, June 2000).

76. Among the many forms of domestic violence affecting women in Pakistan, there is the practice of burning. Again according to the Pakistani Human Rights Commission, in Punjab in 1998-1999, 560 cases of burning were recorded, in which half the victims died as a result of their burns. The Progressive Women's Association, which assists and supports the victims of this type of violence, say they have come across over 3,560 women who were treated in hospital between 1994 and 1999 for attacks by fire, acid or petrol.

77. The Special Rapporteur would like to refer in this respect to the report submitted by the Special Rapporteur on extrajudicial, summary or arbitrary executions (E/CN.4/2000/3), which contains a section on the problem (chapter V, section C). According to information she had received, the Special Rapporteur noted that "honour killings take many forms. In some cases, young girls and women have been forced to commit suicide after public denunciation of their behaviour and open threats to their lives. Others are disfigured by acid burns; many of these women die as a result of their injuries [...] Only a handful of the perpetrators are arrested, and most of these criminals receive only token punishment [...] In almost 90 per cent of such cases, the victims are killed by their own family or at their behest" (para. 79).

III. CONCLUSION

78. The Special Rapporteur welcomes the positive developments that have occurred in the struggle against some traditional practices, such as female genital mutilation, son preference - thanks to efforts to eliminate discrimination against girls - practices related to pregnancy, early marriage and the traditional and extremely resistant phenomenon of violence in the family, in internal and external conflicts and in women's daily lives.

79. With regard to female genital mutilation, substantial progress has been achieved since the Sub-Commission in 1983 adopted resolution 1983/1 taking on a problem then considered taboo. This taboo has now been shattered and it is with extreme satisfaction that the Special Rapporteur notes the growing commitment of civil society in countries affected by harmful traditional practices, especially female genital mutilation.

80. She welcomes the many initiatives taken in the communities concerned, with the support of government authorities firmly decided to end harmful traditional practices, often encouraged by international material and technical assistance and in particular by Governments and United Nations organizations such as WHO, UNICEF and UNFPA.

81. There is no doubt that the alarm sounded in 1975 by the non-governmental organization Terre des hommes and the awareness campaign launched in 1983 considerably helped to change attitudes, a precondition of success in eliminating harmful traditional practices.

82. The Special Rapporteur wishes to pay tribute in particular to non-governmental organizations for their devoted efforts to combat such practices and for the help they have given her in carrying out her mission. Special mention should be made of the Inter-African Committee on Traditional Practices Affecting the Health of Women and Children. NGOs have also been doing a remarkable job of consciousness-raising, information, training and providing material and financial assistance, thus making a substantial contribution to the campaign against these practices.

83. Nevertheless, despite the slow but steady progress observed in the campaign against female genital mutilation, the Special Rapporteur would like to draw the attention of the international community as a whole, at both governmental and non-governmental level, to the fact that many harmful traditional practices, discriminatory attitudes and acts of violence exist and are not being dealt with as they should be. Yet they affect exclusively women and girls. The case of the crime of honour is a perfect illustration of this. Efforts and vigilance must therefore not be relaxed, especially as there is a need to combat not just laws, but beliefs rooted in centuries of patriarchal authority and male domination, drawing strength from discrimination against women, ignorance and indifference towards women's fate.

84. The Special Rapporteur remains convinced that education for both men and women, information, dialogue and perseverance will in the end overcome all resistance and all these harmful practices perpetuated in the name of religion, tradition and custom.